| ·*   |  |   |              |                       |                              |                  |                      | Application or Docket Number |                        |                |   |                        |  |
|--|--|---|--------------|-----------------------|------------------------------|------------------|----------------------|------------------------------|------------------------|----------------|---|------------------------|--|
|  | PATENT A                                       | APPLICATIO<br>Effecti                       | N FEE D      |                       |                              | ON RECO          | RD                   |                              | 09/                    | 67             | 481                                     | 5                      |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |  |   |              |                       |                              |                  | SMALL<br>Imn 2) TYPE |                              | TITY                   | OR             | OTHER                                   |                        |  |
| TC   | TAL CLAIMS                                     |   |              |                       |                              |                  | BAT                  | Ε                            | FEE                    | ) <sub>.</sub> | RATE                                    | FEE                    |  |
| . <u></u><br>. FO  |  |   | NUMBER FILED |                       | NUMBER EXTRA                 |                  | BASIC                |                              |                        |                | BASIC FEE                               |                        |  |
|  | TAL CHARGEA                                    | BLE CLAIMS                                  | 25 minus 20= |                       |                              |                  | X\$ 9                |                              | <del></del>            |                | X\$18=                                  |                        |  |
| -  |  |   |              |                       |                              |                  |                      |                              |                        | OR             |   | 90                     |  |
|  | EPENDENT CL                                    | DENT CLAIM PF                               | minus 3 =    |                       |                              |                  | X40=                 |                              |                        | OR             | X80=                                    |                        |  |
| MO   | CHPCE DEFEN                                    | CENT CLAIM F                                |              |                       |                              |                  | +135=                |                              |                        | OR             | +270=                                   | 270                    |  |
| f If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |              |                       |                              | TOTA             | ۱L                   |                              | OR                     | TOTAL          | 122C                                    |                        |  |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)             |  |   |              |                       |                              |                  | SMALL ENTITY         |                              |                        | OR             | OTHER THAN<br>SMALL ENTITY              |                        |  |
| AMENDMENT'A()  |  | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |              | HIGH<br>NUM<br>PREVIO | EST<br>BER<br>DUSLY          | PRESENT<br>EXTRA | PAT                  |                              | ADDI-<br>TIONAL<br>FEE |                | RATE                                    | ADDI-<br>TIONAL<br>FEE |  |
| OME  | Total  | . 32  | Minus        | 2                     |                              | = 7              | X\$ 9                | =                            | "                      | OR             | X\$18=                                  | 1/26                   |  |
| MER  | Independent                                    | . 3   | Minus        |                       | 3                            | =                | X40                  | _                            |                        | OR             | X80=                                    |                        |  |
| <  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                       |                              |                  | +135                 | _                            |                        | OR             | +270=                                   |                        |  |
|  |  |   |              |                       |                              |                  | TO<br>ADDIT.         | TAL                          |                        | اما            | TOTAL<br>ADDIT, FEE                     | 12600                  |  |
|  |  | (Column 1)                                  |              | (Colu                 | mn 2)                        | (Column 3)       | ADOM: Y              |                              |                        | •              | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                        |  |
| ENT B  | 3 3 3  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |              | PREVI                 | BER                          | PRESENT<br>EXTRA | RAT                  | Ε                            | ADDI-<br>TIONAL<br>FEE |                | RATE                                    | ADDI-<br>TIONAL<br>FEE |  |
| MENDMENT   | Total  | . 7   | Minus        | 1.                    | 32                           | = ,,,,,          | <b>X\$</b> 9         | =                            |                        | OR             | X\$18=                                  |                        |  |
| AME  | Independent                                    | . /   | Minus        | •••                   | 3                            | = -              | X40                  | =                            |                        | OR             | X80=                                    |                        |  |
| Ĺ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                       |                              | U                | +135                 | _                            |                        | OR             | +270=                                   |                        |  |
|  |  |   |              |                       |                              |                  |                      | TAL                          |                        |                | TOTAL<br>ADDIT. FEE                     |                        |  |
|  |  | (Column 1)                                  |              |                       | mn 2)                        | (Column 3)       | ADDIT. F             |                              |                        | •              | AUUH, FEE                               | · <del>V</del>         |  |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |              | NUM<br>PREVI          | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | RAT                  | E                            | ADDI-<br>TIONAL<br>FEE |                | RATE                                    | ADDI-<br>TIONAL<br>FEE |  |
| NO.  | Total  | -   | Minus        |                       |                              | =                | X\$ 9                | =                            |                        | OR             | X\$18=                                  |                        |  |
| \ME  | Independent                                    | •   | Minus        | •••                   |                              | =                | X40                  | =                            |                        | OR             | X80=                                    |                        |  |
| L  | FIRST PRESE                                    | NTATION OF M                                | ULTIPLE DE   | PENDEN                | T CLAIM                      |                  | +135                 | _                            |                        | OR             | +270=                                   |                        |  |

BEST AVAILABLE COPY

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20,"

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

TOTAL OR ADDIT. FEE